

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

|              | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
|              | IND      | DEP | IND                 | DEP | IND                 | DEP |
| 1            |          |     |                     |     |                     |     |
| 2            |          |     |                     |     |                     |     |
| 3            |          |     |                     |     |                     |     |
| 4            |          |     |                     |     |                     |     |
| 5            |          |     |                     |     |                     |     |
| 6            |          |     |                     |     |                     |     |
| 7            |          |     |                     |     |                     |     |
| 8            |          |     |                     |     |                     |     |
| 9            |          |     |                     |     |                     |     |
| 10           |          |     |                     |     |                     |     |
| 11           |          |     |                     |     |                     |     |
| 12           |          |     |                     |     |                     |     |
| 13           |          |     |                     |     |                     |     |
| 14           |          |     |                     |     |                     |     |
| 15           |          |     |                     |     |                     |     |
| 16           |          |     |                     |     |                     |     |
| 17           |          |     |                     |     |                     |     |
| 18           |          |     |                     |     |                     |     |
| 19           |          |     |                     |     |                     |     |
| 20           |          |     |                     |     |                     |     |
| 21           |          |     |                     |     |                     |     |
| 22           |          |     |                     |     |                     |     |
| 23           |          |     |                     |     |                     |     |
| 24           |          |     |                     |     |                     |     |
| 25           |          |     |                     |     |                     |     |
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| 27           |          |     |                     |     |                     |     |
| 28           |          |     |                     |     |                     |     |
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| 48           |          |     |                     |     |                     |     |
| 49           |          |     |                     |     |                     |     |
| 50           |          |     |                     |     |                     |     |
| TOTAL IND.   | 3        |     |                     |     |                     |     |
| TOTAL DEP.   | 12       |     |                     |     |                     |     |
| TOTAL CLAIMS | 15       |     |                     |     |                     |     |

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| 90           |  |  |  |  |  |  |
| 91           |  |  |  |  |  |  |
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| 94           |  |  |  |  |  |  |
| 95           |  |  |  |  |  |  |
| 96           |  |  |  |  |  |  |
| 97           |  |  |  |  |  |  |
| 98           |  |  |  |  |  |  |
| 99           |  |  |  |  |  |  |
| 100          |  |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |  |
| TOTAL DEP.   |  |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |  |

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE  
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